S. No. 2
M—2-43
5-17-39
1 X3589

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34528

State File No.

FILED OCT 28 1943

Registration District No. 73

Primary Registration District No. 4144

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Dade 29

(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 209 S. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Miassouri (b) County Dade

(c) City or town Greenfield
(If outside city or town limits, write "RURAL") 0

(d) Street No. 209 S. Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None 0

3. (a) PRINT FULL NAME Rose Gertrude Rubenstein

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph L. Rubenstein

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased January (Month) 27 (Day) 1875 (Year)

8. AGE: Years 68 Months 7 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace — (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name David Nassau
13. Birthplace — (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Tillie Schwefel
15. Birthplace — (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Arthur Rubenstein
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Temple Israel Cem.

18. (a) Signature of funeral director Ward Funeral Home
(b) Address Greenfield, Mo.

19. (a) Sept. 6 '43 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 4 year 1943 hour 10/00 minute 05 M.

21. I hereby certify that I attended the deceased from Feb. 11 1943 to Sept. 4 1943; that I last saw her alive on September 4 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
coronary occlusion	3 days
Due to Coronary Thrombosis	7 mos.
Due to Arteriosclerosis	5 years
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leslie R. Webb (M. D. or ~~other~~)
Address Springfield Date signed 9/10/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1043-1207
Date Filed OCT 27 1943

NOV 8 194

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Sam E. Senseney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.